

SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 Sioux Falls, South Dakota 57106-3115 Phone: 605-362-2760

January 10, 2011

FILE COPY

Carmen Fees, RN, DON Philip Health Services, Inc. P.O. Box 790 Philip, SD 57567

Dear Ms. Fees:

Your application for re-approval of your Nurse Aide Training program at Philip Health Services, Inc., utilizing Medcom, an approved curriculum, has been received in the Board Office. It has been determined that your program meets the criteria for re-approval in South Dakota.

Based on the information provided, you meet the qualification requirements to serve as Program Coordinator as set forth in <u>ARSD 44:04:18:10</u>. Your current RN licensure was verified, and you have a minimum of two years of nursing experience with at least one-year long-term care experience. Your *Train the Trainer* certificate is on file and does not need to be resubmitted.

Kathy Gittings, LPN meets the requirements of primary instructor as set forth in <u>ARSD 44:04:18:11</u> and has completed the *Train the Trainer* Video Workshop Series. Krista O'Dea, RN continues to be the test proctor and assists with training. Both Ms. Gittings and Ms. O'Dea have active and unencumbered licenses in South Dakota with a minimum of two years nursing experience, at least one year of which is in the provision of long-term care services.

All requirements continue to be met for approval of your training program, and your approval status is valid through **January 2013**. At the time of renewal please obtain the renewal application form from our website at www.nursing.sd.gov.

If you need further assistance, please call me at the above number.

Sincerely,

Nancy Bohr RN, MBA, MSN Nursing Program Specialist

Cc: Diana Weiland

South Dakota Department of Health

Enc: Application Approval



SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH

4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115 (605) 362-2760 ♦ FAX: 362-2768

APPLICATION FOR NURSE AIDE TRAINING PROGRAM

Please select: Initial Approval	
	and submit to the South Dakota Board of Nursing:
INITIAL APPROVAL REQUIREMENTS	REAPPROVAL REQUIREMENTS
Description of physical facilities for training programs	☐ Changes in physical facilities for training programs, if any
☐ Description of licensed nurse supervision of students	Changes in licensed nurse supervision of students, if any
Student:Instructor ratio in the clinical setting	☐ Changes in clinical Student:Instructor ratio, if any
Clusting of program length & distribution of hours	Changes in program length & distribution of hours, if any
Course Syllahus:	☐ Changes in Course Syllabus, if any
O If using a Course Syllabus that has current approval from the Board of Nursing, you are not required to submit the Course Syllabus	Comments:
O If using a Course Syllabus that does not have current approval from the Board of Nursing, submit:	Se attached letter
Course objectives	, · · · · · · · · · · · · · · · · · · ·
Content outline	
Skills training	,
Teaching methodologies	
Methods of evaluation	
Environment for learning	l ,
 Student: Instructor ratio Names of required textbooks 	
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